



**DEPARTMENT OF THE TREASURY
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS**



STATE AND LOCAL TRAINING REGISTRATION REQUEST

COURSE OF INTEREST

<input type="checkbox"/> ADVANCED ARSON FOR PROFIT INVESTIGATIVE TECHNIQUES	<input type="checkbox"/> ADVANCED EXPLOSIVES INVESTIGATION TECHNIQUES
<input type="checkbox"/> ADVANCED CAUSE AND ORIGIN/COURTROOM TECHNIQUES	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> ADVANCED EXPLOSIVES DESTRUCTION TECHNIQUES	

COURSE DATE (If known): _____ IF DATE IS UNAVAILABLE DO YOU WANT TO BE CONSIDERED FOR A DIFFERENT DATE? ☐ YES ☐ NO

PARTICIPANT INFORMATION

NAME	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RANK/TITLE
DEPARTMENT/AGENCY NAME		AGENCY TYPE (Please check one) <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL	
DEPARTMENT/AGENCY ADDRESS (Number, street, city, State, and zip code)			

OFFICE TELEPHONE NUMBER (Including area code)	FAX TELEPHONE NUMBER (Including area code)	LENGTH OF TIME IN PUBLIC SERVICE
SMOKING PREFERENCE <input type="checkbox"/> SMOKER <input type="checkbox"/> NONSMOKER	SUPERVISOR'S NAME	TELEPHONE NUMBER (Including area code)

BRIEFLY DESCRIBE YOUR AREA OF RESPONSIBILITY AND DUTIES

PLEASE MAIL OR FAX THIS FORM TO: **Office of Training and Professional Development
State, Local and International Training Division
Training Partnership and Assistance Programs Branch
800 K Street NW., Suite 600, Washington, DC 20001
Commercial: (202) 927-2140 Fax: (202) 927-3179**

PRIVACY ACT INFORMATION

- PURPOSE.** The information requested on this form is necessary to process requests from prospective students to attend the ATF State and Local Training.
- ROUTINE USES.** The information will be used solely to process the student application form.
- DISCLOSURE OF SOCIAL SECURITY NUMBER.** The supplying of this information is voluntary, but failure to do so may result in a denial of this request.

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to determine the eligibility of the applicant to attend State and local training.

The estimated average burden associated with this collection is 6 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.